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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required))	Attorney Docket Number	INJEC-016C1
	First Named Inventor	THOMAS C. KURACINA
	COMPLETE IF KNOWN	
	Application Number	09/846,706
	Filing Date	04/30/01
	Group Art Unit	UNKNOWN
	Examiner Name	UNKNOWN

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which



is attached hereto

OR

was filed on (MM/DD/YYYY) 04/30/01 as United States Application Number or PCT International Application Number 09/846,706 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/144,398	08/31/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 007663 → Place Customer No.
OR Bar Code Label Here

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label _____ OR ☒ Correspondence Address Below

Name	Matthew A. Newboles					
Address	STETINA BRUNDA GARRED & BRUCKER					
Address	75 Enterprise, Suite 250					
City	Aliso Viejo	State	CA	ZIP	92656	
Country	U.S.	Telephone	(949)855-1246	Fax	(949)855-6371	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Thomas C.			Kuracina		
Inventor's Signature				Date	8/22/01
Residence: City	Ojai	State	CA	Country	U.S.
Post Office Address	714 Country Club Drive				
Post Office Address					
City	Ojai	State	CA	ZIP	93023
				Country	USA
X Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.					



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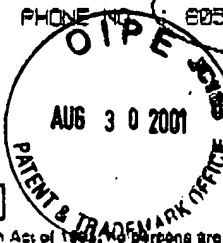
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Randall E.				Ohnemus			
Inventor's Signature				Date		8/22/01	
Residence: City		Ventura		State		CA	
				Country		USA	
Post Office Address		9648 Halifax Street					
Post Office Address							
City		Ventura		State		CA	
				ZIP		93004	
				Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Craig W.				Smith			
Inventor's Signature				Date		8-23-01	
Residence: City		Ventura		State		CA	
				Country		US	
Post Office Address		8854 Tacoma Street					
Post Office Address							
City		Ventura		State		CA	
				ZIP		93004	
				Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Cohen			
Inventor's Signature				Date		8/22/01	
Residence: City		Ventura		State		CA	
				Country		US	
Post Office Address		834 Elko Avenue					
Post Office Address							
City		Ventura		State		CA	
				ZIP		93004	
				Country		USA	

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID		ROLLO	
Inventor's Signature			Date 8/21/01
Residence: City	Bonsall	State CA	Country USA
Post Office Address	6959 Via Mariposa Norte		
Post Office Address			
City	Bonsall	State CA	ZIP 92003 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP Country

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